

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 9:46

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L02000026820

1. Limited Liability Company's Name

Kalyda, LLC

2. Principal Office Address

3120 NE 46th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

3. Mailing Office Address

3120 NE 46th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

October 10, 2002

6. FEI Number 43-1977864

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thomas R. Savage

Street Address (P.O. Box Number is Not Acceptable)

3120 NE 46th St

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33308

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Thomas R. Savage
REGISTERED AGENT MUST SIGN

Date 05/4/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Thomas R. Savage	3120 NE 46th St	Ft. Lauderdale, FL 33308

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Thomas R. Savage

Date 05/4/05

Daytime Phone# 954-351-7725

Typed or printed name of signing Managing Member/Manager

Thomas R. Savage, Managing Member

CR2E041 (10/02)